



SENIOR COMPANION VOLUNTEER APPLICATION FORM

Name (Typed or Printed) Nickname

Date of birth: _____ City/State or Country of Birth: _____

Physical Address:

EMAIL Address:

PHONE NUMBER:

Physical Condition: Excellent Good Fair Poor

Please Explain:

Contact in case of Emergency:
Name: _____
Address: _____
Phone #: _____
Relationship: _____

Why would you like to be a Senior Companion Volunteer?

How did you hear about the Senior Companion Program?

Do you have your own means of transportation? Yes No

If yes, Valid Drivers License # _____

Expiration: _____

Current auto insurance? Yes No

Insurance Company: _____

If no, what kind of transportation do you plan to use?

List Hobbies and Special Skills:

What languages do you speak? _____

Have you ever been *arrested, charged or convicted* of a misdemeanor and/or felony?

Yes No

If yes, please describe _____

Do you consent to the Senior Companion Project arranging for a criminal history check in accordance with the Federal requirements for the Senior Companion Program?

Yes No

Please list Two character references (not relatives)

Name

Address

City

Phone

1. _____

2. _____

I understand that a background check will be conducted prior to volunteer placement. I understand that information collected during this background check will be limited to information which is appropriate in determining my suitability for volunteer service in the Senior Companion Program and that all information collected will be kept confidential.

If I am enrolled as a volunteer, I agree to comply with all Senior Companion Program policies. The Senior Companion Program was established by the Domestic Volunteer Act of 1973 and adheres to volunteer requirements published in the Federal Register. I understand that providing false, incomplete, or misleading information will result in immediate dismissal from the Senior Companion Program.

YOUR SIGNATURE:
